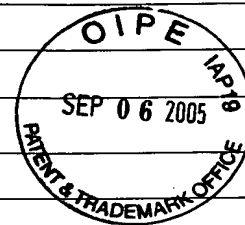


<p><i>Effective on 12/08/2004.</i>  <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL FOR FY 2005</h2>		<i>Complete if Known</i>	
		Application Number	09/770,693
		Filing Date	January 26, 2001
		First Named Inventor	Steven V. Beer
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	A. Kubelik
TOTAL AMOUNT OF PAYMENT	(\$905.00)	Art Unit	1638
		Attorney Docket No.	19603/2501 (CRF D-2375A)



### METHOD OF PAYMENT (check all that apply)

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account    Deposit Account Number: 14-1138    Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
<u>41</u> - 73 or HP = <u>0</u> x _____ = _____				Fee (\$)

HP = - highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>1</u> - 3 or HP = <u>0</u> x _____ = _____			

HP = - highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other: <u>RCE Fee Under 37 CFR § 1.17(e) (\$395.00) and Three-Month Extension of Time Fee Under 37 CFR 1.17(a)(3) (\$510.00)</u>	<u>\$905.00</u>

#### SUBMITTED BY

Signature		Registration No. 48,145 (Attorney/Agent)	Telephone (585) 263-1658
Name (Print/Type)	Andrew K. Gonsalves		Date <u>September 1, 2005</u>

#### CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 1, 2005

Signature: Ann Whalen  
 Name: Ann Whalen

SEND TO: Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450